

CALCULATION OF OVERTIME WAGES OWED LORETTA PROBERT

RE:

**ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,
SANDARA GRISSOM, and others similarly situated
vs..**

**FAMILY CENTERED SERVICES OF ALASKA, INC.,
and DOES I to X (Managerial Employees Jointly Liable)**

CASE NO. 4:07-cv-0030-RRB

March 23, 2009

Kenneth L. Covell
Law Office of Kenneth L. Covell
712 8th Avenue
Fairbanks, Alaska 99701

Re: ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,
SANDARA GRISSOM, and others similarly situated

vs..

FAMILY CENTERED SERVICES OF ALASKA, INC.,
and DOES I to X (Managerial Employees Jointly Liable)

CASE NO. 4:07-cv-0030-RRB

Dear Mr. Covell:

This report is in response to your request to provide calculations for overtime wages owed in compliance the Code of Federal Regulations (CFR) as noted in the following audit report.

Please note, that the agreed hourly rate during the preparation of this report is \$100.

Preceding retirement from the State of Alaska, I was employed with the Alaska Department of Labor and Workforce Development, Labor Standards & Safety Division, Wage and Hour Administration for over 26 years in the Fairbanks office. During that time (1978 through July 2004) I worked as a Wage and Hour Technician, Wage & Hour Investigator I and Supervising Investigator, which involved the performance of hundreds of wage audits. The majority of the audits I performed were overtime audits.

This report is based on my review of the records and information provided by Loretta E. Probert along with records and information maintained and provided by Family Centered Services of Alaska. The period of this audit is from 7/26/06 through 8/29/07. A detailed explanation of the audit follows. The total unpaid straight time and overtime wages determined to be owed as a result of this audit is:

\$88,842.47

This report was based on the information provided to date. Therefore, I reserve the right to amend, modify, or supplement this report based upon the receipt of new or additional information.

Sincerely,

Monte L. Jordan
MJ Resources

Attachments

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I. METHOD OF CALCULATION

The Code of Federal Regulations under 29 CFR 778.107 – General standard for overtime pay, requires that overtime must be compensated at a rate not less than one and one-half times the regular rate at which the employee is actually employed. Further, “if the employee’s regular rate of pay is higher than the statutory minimum, his overtime compensation must be computed at a rate not less than one and one-half times such higher rate.”

In addition, 29 CFR 778.110 – Hourly rate employees, states under (a) that, “if the employee is employed solely on the basis of a single hourly rate, the hourly rate is his “regular rate”.” Therefore, the employee must be paid, “in addition to his straight time hourly earnings, a sum determined by multiplying one-half the hourly rate by the number of hours worked in excess of 40 in the week.”

Loretta E. Probert was paid as an hourly employee working less than 40 hours in a week. Her wages were based on 36 hours a week for a two-week period as indicated on the upper right hand corner of each time sheet. Her hourly status is detailed by Family Centered Services of Alaska, Inc.’s (FCSA) documents listed below:

Personnel Action Form dated 7/24/06 that reflects Loretta Probert as the Employee with an effective date of 7/24/06. This form notes that Loretta Probert is a “Regular”, “Part Time”, “Exempt”, “New Hire”, “Therapeutic Parent” and reveals the “Rate of Pay” as \$21.64 for 18 “Hours Per Pay Week. The box next to “Hourly” has been checked. This form was signed by Loretta E. Probert on 7/24/06 with additional signatures by a Supervisor, the Director/2nd Supervisor, which appears to be S. Dale and someone representing Fiscal. These signatures are dated 7/25/06.

Personnel Action Form dated 8/9/07 for Loretta Probert with an effective date of 7/30/07 indicating an “Orientation Period Evaluation” under “PART II: CHANGE OF STATUS”. On this document Ms. Probert continues under the job title of “TFH Parent” but her “Pay Rate” of 21.64 has been increased to 22.07 for 18 Hours per Week. This form has also been signed by a Supervisor and Director/2nd Supervisor, Suzan Dale on 8/9/07, by Loretta Probert on 8/16/07 and personnel from Fiscal on 8/17/07.

“Salary History by Employee”, a computer form for Probert, Loretta E that lists her hourly rate at \$21.64 with an effective date of 7/24/2006 as a “New Hire” and a hourly rate of \$22.07 with an effective date of 07/30/2007 under the “Change Reason” of End Orientation.

“Position History Screen” computer form for 5876 - Probert, Loretta E. a Therapeutic Parent at an hourly wage of 21.64, New Hire with the effective date of 7/24/2006 and an hourly wage of 22.07 indicating the End Orientation with the effective date of 7/30/2007.

A Request for Reimbursement form that states in a handwritten note, “Employee Received a pay increase effective 7/30/07 & needed paid at new rate from effective Date.” The computation reflected for the reimbursement is as follows:

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$$\begin{array}{r} \text{New Rate } 22.07 \\ \text{Old Rate } 21.64 \quad 36 \quad 15.48 \\ .43 \times 80 = 34.40 \end{array}$$

There is a strike through the 80 and a strike through the 34.40, which results in the equation specifying a 43 cent per hour increase for 36 hours in order to make up the difference for the wage increase from the date it began in a previous pay period.

II. BASIS FOR THE OVERTIME CALCULATION

The hours used for this audit are from FCSA's time sheets filled out by Loretta Probert's and submitted on a bi-weekly basis. Ms. Probert signed her time sheets and they were also signed by a "Supervisor" which, for certain periods included Sue Dale. With few exceptions the time sheets were also initialed by other FCSA personnel and with an occasional change on a time sheet with Ms. Probert's initials. As noted previously, all except three (3) time sheets had a handwritten correction in the up right hand corner wherein the number 40 had a strike through it and the number 36 written above to indicate "EE Hours."

Under Alaska statutes and regulations an employer is required to keep certain records for all employees under Chapter 5 (AS 23.05.080) regardless of their non-exempt or exempt status. Additionally, under Chapter 10 (AS 23.10.100) there is a similar record keeping requirement. These records are to include the following:

an accurate record of the name, address and occupation of each person employed,
of the daily and weekly hours worked by each person, and
the wages paid each pay period to each person.

The record shall be kept on file for at least three years.

The State of Alaska requirements follow those laid out by the Code of Federal Regulations under 29 CFR 516.2(a).

According to Ms. Probert the hours she entered and turned in to FCSA were the actual hours she worked. By far, the majority of these time sheets reflect 14 daily hours. The main exception to the 14 daily hours was when Loretta Probert was on approved leave. Loretta Probert consistently turned in time sheets that reflected hours worked over 36 in a week and weekly hours worked far in excess of 40. These hours were acknowledged by signatures from FCSA's supervisory personnel. Therefore, it appears that FCSA had full knowledge of the hours worked and "suffered or permitted" (CFR 29.785.11 General) Loretta Probert to continue working long past her 36 scheduled hours while failing the "duty of management to exercise its control and see that the work is not performed if it does not want it to be performed" (CFR 29.785.13 Duty of management). FCSA chose to sit back and accept the benefits of Ms. Probert's labor without compensating her.

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III. AUDIT EXPLANATION 7/24/06-8/29/07

FCSA records show that Loretta E. Probert's initial employment as a Therapeutic Parent began on 7/26/06 at the hourly rate of \$21.64 and on 7/30/07 she received a wage increase to \$22.07. Therefore, the attached audit includes straight time hours computed at both these straight time rates and overtime based on one and one-half times the straight time rates resulting in overtime rates of \$32.45 and \$33.11 as indicated in the final calculations.

IV. AUDIT RESULTS FOR PERIOD 7/24/06 – 7/29/07

Based on the results of the attached audit, the Total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of 7/24/06 through 8/29/07 at the Straight Time Rate of \$21.64 and Overtime Rate of \$32.45 are:

192 Straight Time Hours @ \$21.64 = \$ 4,154.88 Total Straight Time Wages

2406 Overtime Hours @ \$32.45 = \$ 78,098.76 Total Overtime Wages

V. AUDIT RESULTS FOR PERIOD 7/30/07 – 8/29/07

18 Straight Time Hours @ \$22.07 = \$ 397.26 Total Straight Time Wages

187 Overtime Hours @ \$33.11 = \$ 6,191.57 Total Overtime Wages

VI. TOTAL AUDIT RESULTS FOR PERIOD 7/24/06 – 8/29/07

\$ 4,552.14 Total Straight Time Wages

\$84,290.33 Total Overtime Wages

\$88,842.47 Total ST & OT Wages

XI. REPORT CONCLUSION

As explained above this audit is based on interviews with Loretta E. Probert, records available from FCSA and the Code of Federal Regulations cited in the report. Therefore, the total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of her employment 7/24/06 through 8/29/07 is:

\$88,842.47

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**FAMILY CENTERED SERVICES OF ALASKA, INC.
PERSONNEL ACTION FORM**

Program <u>Services</u>		Team <u>TFHS</u>	Date Prepared <u>8/9/07</u>
Employee <u>Loretta Probert</u>		Effective <u>7</u> <u>30</u> <u>07</u> At <u>NIA</u>	S.S. # <u>574465876</u> <input type="checkbox"/> AM <input type="checkbox"/> PM
PART I: ADD TO PAYROLL			
<input type="checkbox"/> Regular <input type="checkbox"/> Trainee	<input type="checkbox"/> On Call <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire Last Term Date _____
			<input type="checkbox"/> Orientation Period
Job Title _____		Range _____	Step _____
Rate of Pay \$ _____		Hours Per Pay Week _____	ESC _____
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		WC Code _____	
Other Special Conditions _____			
PART II: CHANGE OF STATUS			
<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review <u>7/30/08</u>	
<input checked="" type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit Explain _____	
FROM Status <u>OPTEX</u> Range <u>13</u> Step <u>4, 9</u> ESC <u>11915T</u> W.C. Code <u>8833</u> Job Title <u>TFH Parent</u> Pay Rate <u>21.64</u> Hours per Week _____ Comments _____		TO Status <u>OPTEX</u> Range <u>13</u> Step <u>4, 9T</u> ESC <u>11915T</u> W.C. Code <u>8833</u> Job Title <u>TFH Parent</u> Pay Rate <u>22.07</u> Hours per Week <u>18</u> Comments _____	
PART III: TERMINATION			
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Lay off	Final Pay Due : _____
<input type="checkbox"/> Exit Interview			<input type="checkbox"/> Regular Work Hours _____
			<input type="checkbox"/> Other _____
Comments _____			
FORWARDING ADDRESS		Name _____	
		Street No. or P.O. _____	
		City _____	State _____ Zip _____
APPROVALS			
Supervisor <u>Mike Smith</u>	Date <u>8/9/07</u>	Employee <u>Loretta Probert</u>	Date <u>8-16-07</u>
Director/2 nd Supervisor <u>Sungu</u>	Date <u>8-9-07</u>	Fiscal <u>K</u>	Date <u>8/17/07</u>

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**FAMILY CENTERED SERVICES OF ALASKA, INC.
PERSONNEL ACTION FORM**

Program <u>Services</u>		Team <u>JFH 5</u>	Date Prepared <u>8/24/07</u>
Employee Effective <u>Loretta Probert</u> Month <u>8</u> Day <u>29</u> Year <u>07</u>		At <u>NIA</u>	S.S. # <u>574 46 5376</u> <input type="checkbox"/> AM <input type="checkbox"/> PM
PART I: ADD TO PAYROLL			
<input type="checkbox"/> Regular <input type="checkbox"/> Trainee	<input type="checkbox"/> On Call <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire Last Term Date _____
			<input type="checkbox"/> Orientation Period
Job Title _____		Range _____	Step _____
Rate of Pay \$ _____		Hours Per Pay Week _____	ESC _____
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		WC Code _____	
Other Special Conditions _____			
PART II: CHANGE OF STATUS			
<input type="checkbox"/> Learning Period Evaluation		<input type="checkbox"/> Promotion	
<input type="checkbox"/> Orientation Period Evaluation		<input type="checkbox"/> Transfer	
<input type="checkbox"/> Annual Evaluation		<input type="checkbox"/> Step Increase	
		<input type="checkbox"/> Merit	
		Date of Next Review _____	
		<input type="checkbox"/> Other _____ Explain _____	
FROM		TO	
Status _____	Range _____	Status _____	Range _____
	Step _____		Step _____
	ESC _____		ESC _____
	W.C. Code _____		W.C. Code _____
Job Title _____		Job Title _____	
Pay Rate _____		Pay Rate _____	
Hours per Week _____		Hours per Week _____	
Comments _____		Comments _____	
PART III: TERMINATION			
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		<input type="checkbox"/> Lay off	
<input type="checkbox"/> Exit Interview		Final Pay Due: <u>8/31/07</u>	
		<input checked="" type="checkbox"/> Regular Work Hours	
		<input type="checkbox"/> Other _____	
Comments _____			
FORWARDING ADDRESS			
Name _____		Street No. or P.O. _____	
City _____		State _____	Zip _____
APPROVALS			
Supervisor <u>Paula Smith</u>		Employee <u>Loretta Probert</u>	Date <u>8/29/07</u>
Director/2 nd Supervisor <u>Suzanne Dale</u>		Fiscal <u>R</u>	Date <u>8/20/07</u>
		<u>8-29-07</u>	

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**FAMILY CENTERED SERVICES OF ALASKA, INC.
PERSONNEL ACTION FORM**

Program <u>Services</u>		Team <u>JP45</u>	Date Prepared <u>8/14/07</u>
Employee <u>Lucetta Probert</u>		S.S. # <u>574 46 5876</u>	
Effective <u>8</u> <u>29</u> <u>07</u>	At <u>NIA</u>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Month	Day	Year	

PART I: ADD TO PAYROLL			
<input type="checkbox"/> Regular	<input type="checkbox"/> On Call	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt
<input type="checkbox"/> Trainee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Non-Exempt
		<input type="checkbox"/> New Hire	<input type="checkbox"/> Orientation Period
		<input type="checkbox"/> Rehire	
Last Term Date _____			

Job Title _____	Range _____	Step _____
Rate of Pay \$ _____	Hours Per Pay Week _____	ESC _____
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	WC Code _____	
Other Special Conditions _____		

PART II: CHANGE OF STATUS			
<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review _____	
<input type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other	Explain _____
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit	

FROM		TO	
Status _____	Range _____ Step _____	Status _____	Range _____ Step _____
ESC _____		ESC _____	
W.C. Code _____		W.C. Code _____	
Job Title _____		Job Title _____	
Pay Rate _____	Hours per Week _____	Pay Rate _____	Hours per Week _____
Comments _____		Comments _____	

PART III: TERMINATION	
<input type="checkbox"/> Voluntary	<input checked="" type="checkbox"/> Involuntary
<input type="checkbox"/> Exit Interview	<input type="checkbox"/> Lay off
Final Pay Due : <u>8/31/07</u>	
<input checked="" type="checkbox"/> Regular Work Hours	
<input type="checkbox"/> Other _____	
Comments _____	

FORWARDING ADDRESS	
Name _____	
Street No. or P.O. _____	
City _____	State _____ Zip _____

APPROVALS	
Supervisor <u>Carla Smith</u> <u>8/29/07</u>	Employee <u>Lucetta Probert</u> <u>8/29/07</u>
Director/2 nd Supervisor <u>Augusta Dale</u> <u>8-29-07</u>	Fiscal <u>R</u> <u>8/30/07</u>

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FCSOA-00433

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Full Name Backward	Pay Rate	Hourly Rate	Effective Date	Change Percent	Change Reason	Next Date
Probert, Loretta E.	\$1,765.6000	\$22.07	07/30/2007	.00	End Orientation	07/30/2008
	\$21.6400	\$21.64	07/24/2006	.00	New Hire	

FCSOA-00432

06/16/2008

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FAMILY CENTERED SERVICES OF ALASKA

REQUEST FOR REIMBURSEMENT

(SEE REVERSE FOR INSTRUCTIONS)

NAME: Loretta ProbertEMPLOYEE ID: 5876
(IF APPLICABLE)

PROGRAM: 1515 TFH ATOP RDT YESS RESPITE DELTA TFH#1 TFH#2 SSD ADMIN
(CIRCLE ONE)

EXPENSE DESCRIPTION	DATE(S)	AMOUNT	FOR ACCOUNTING USE ONLY
FOSTER CARE (CLIENT#)		\$	A C
FOSTER CARE (CLIENT#)		\$	A C
FOSTER CARE (CLIENT#)		\$	A C
(COMPLETE A SEPARATE LINE FOR EACH CLIENT)			
VISION EXPENSE (ATTACH PROOF OF PAYMENT)		\$	A C
FIRST AID/CPR RECERTIFICATION (ATTACH PROOF OF PAYMENT)		\$	A C
OTHER: (SEE BELOW) <u>Retro</u>	<u>7/30/07-8/1/07</u>	\$ <u>15.48</u>	A <u>4</u> <u>1</u> <u>1</u> <u>0</u> <u>0</u> <u>2</u> <u>5</u> <u>C</u> <u>9</u> <u>9</u> <u>5</u>
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$	A C
OTHER: (SEE BELOW)		\$ <u>15.48</u>	A C
TOTAL:		\$ <u>34.90</u>	

EXPLANATION OF "OTHER" REIMBURSEMENTS: (AS A MINIMUM, EXPLAIN WHY FCSSA'S PETTY CASH OR PURCHASE ORDER POLICIES WERE NOT USED FOR "OTHER" EXPENSES AND THE JUSTIFICATION FOR REIMBURSEMENT. ATTACH ALL RECEIPTS TO THIS FORM.)

New Rate 22.07
Old Rate 21.64
.43 x 36 = 15.48
21.64 + 15.48 = 37.12

Employee received a pay increase effective 7/30/07 + needed paid at new rate from effective date

REQUESTED BY: [Signature]DATE: 8/29/07

COORDINATOR I (IF APPLICABLE):

DATE:

PROGRAM DIRECTOR: Per PAF

DATE:

FCSSA FISCAL DEPT. 07/01/2004

QA _____ QA _____

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Exhibit C p. 13

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretha E. Probert

Period Beginning: 7-16-06

☐ Exempt EE _____ Hours

Employee #: 5876

(Last 4 digits of Social Security #)

Period Ending: 7-27-06

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ASOP																
VSSS																
VSSS ELEM																
NOT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liattis																
1503 Liattis																
1518 Liattis									7:30	7:00	7:00	7:00	7:00	4:30	33	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total									7:30	7:00	7:00	7:00	7:00	4:30	33	

Staff Signature: Loretha E. Probert

Date 7-28-06

Superv: [Signature]

Date 7-21-06

FCSA/FISCAL DEPT. 10/07/2005

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FCSOA-00803

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loveita Probert

Employee #:

5874

(Last 4 digits of Social Security #)

Period Beginning:

7/30/06

Period Ending:

8/12/06

☒ Exempt EE 40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
15 of 29	30	31	1	2	3	4	5	6	7	8	9	10	11	12		
A/OP																
Pack																
VES																
VESSE																
VESSELEM																
RED																
1320 Chena Ridge																
3973 Parks Ridge																
1513 Liatis																
1513 Liatis																
1513 Liatis																
1513 Liatis																
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	146	AD

Self Signature:

Loveita Probert

Date 7-14-06

Supervisor:

Amberley K. Dawson

Date 08/14/06

PCSA FISC

3PT. 10/07/2005

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FCSCA-00804

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert

Period Beginning: 8/13/06

☒ Exempt EE 76 Hours

Employee #: 5876

(Last 4 digits of Social Security #)

Period Ending: 8/26/06

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ADP	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
YESS																
DESS ELEM																
RDT																
4640 Chena Ridge																
4933 Parks Ridge																
4613 Liattis																
4503 Liattis																
4313 Liattis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD

Staff Signature: Loretta E. Probert Date: 8/26/06

Supervisor: Franklin J. Dawson Date: 08/28/06

FCSA FISC. DEPT. 10/07/2005

(98)

(IMP)

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FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Probert

Period Beginning:

8-27-06

☒ Exempt EE 42 Hours

Employee #:

5876

(Last 4 digits of Social Security #)

Period Ending:

9-9-06

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
PROB																
VESS																
VESS ELEM																
EDT																
1540 Chena Ridge																
5933 Parks Ridge																
9513 Liattis																
1503 Liattis																
518 Liattis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	JP
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

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Staff Signature:

Loretta Probert

Date 9-11-06

Superv. r:

[Signature]

Date

9-11-06

PCSA FISC. DEPT. 10/07/2005

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FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loetta Probert

Period Beginning:

9/12/06

☒ Exempt EE 30 Hours

Employee #:

5876

Period Ending:

9/23/06

(Last 4 digits of Social Security #)

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
CATOP																
YESS																
YESS ELEM																
CRDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liaris												15			15	
1503 Liaris																
1518 Liaris	14	14	14	14	14	10	0	5	14	14	14	14	14	14	155	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	10	0	5	14	14	14	14	14	14	170	

Staff Signature:

Loetta Probert

Date

9/25/06

Supel or:

[Signature]

Date

9-25-06

PCSA FISCAL DEPT. 10/07/2005

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Robert

Employee #: 58716
(Last 4 digits of Social Security #)

Period Beginning: 9/24/06
Period Ending: 10/7/06

☒ Exempt EE 40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liartis																
1503 Liartis												14			14	
1518 Liartis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	182	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Loretta Robert Date 10/9/06

Sup: John Dale Date 10/9/06

FCSA FISCAL DEPT. 10/07/2005

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Probert

Period Beginning:

10/8/06

Employee #:

5876

Period Ending:

10/21/06

(Last 4 digits of Social Security #)

☒ Exempt EE 40 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatis																
1503 Liatis																
1518 Liatis	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	

Staff Signature:

Loretta Probert

Date 10/23/06

Supervisor:

[Signature]

Date 10-23-06

(40)

[Signature]

Exhibit B Page 20

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Robert

Period Beginning:

10/22/06

☒ Exempt EE 40 Hours

Employee #: 5876

(Last 4 digits of Social Security #)

Period Ending:

11/4/06

Dbt f 15:18 dw 11141 SSC!!!!!! E p d n f o u 246.3!!!!!! G r e 1150 10 11 11!!!!!! Q o n t 132! p d :

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
ORDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatis																
1503 Liatis																
1518 Liatis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature:

Loretta Robert

Date 11/4/06

Supervisor:

[Signature]

Date 11-6-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretta Robert

Period Beginning:

11/15/06

☒ Exempt EE

36 Hours

Employee #:

5876

Period Ending:

11/18/06

(Last 4 digits of Social Security #)

Dbt f 15:18.dw11141.SSC E p d n f o u 216 3 G r e 150210311-000133:pg3:

	Sum	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	05															
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3033 Parks Ridge																
1513 Llatris																
1503 Llatris																
1518 Llatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature:

Loretta Robert

Date

11-17-06

Supervisor

[Signature]

Date

11-17-06

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretha Robert

Period Beginning:

11/19/06

☒ Exempt EE

40 Hours

Employee #:

5876

Period Ending:

12/02/06

(Last 4 digits of Social Security #)

Dbt f 1518 dw 11141 SSC!!!!!! E p d n f o u 216.3!!!!!! C f n 15010311!!!!!! C b n 134 pg3:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
Nov/Dec	19	20	21	22	23	24	25	26	27	28	29	30				
ATOR																
WESS																
WESS ELEM																
RDT																
1540 Chena Ridge																
3033 Parks Ridge																
1513 Liatis																
1503 Liatis																
1518 Liatis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

+ W = 4

Staff Signature:

Loretha Robert

Date 12/4/06

Supervisor:

FCSA FI DEPT. 10/072005

[Signature]

Date

12/4/06

(AR) [Signature]

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Robert

Period Beginning: 12/3/06

☒ Exempt EE 46 Hours

Employee #: 5876

(Last 4 digits of Social Security #)

Period Ending: 12/16/06

Dbt f 15:18 dw 11141 SSC 11111 E p d n f o u 216 3 11111 C f e 15021011 11111 O b h f 135 pg 3:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOR																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liattis																
1503 Liattis																
1518 Liattis	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Jeanette Roubert

Date 12/18/06

Supervisor: [Signature]

Date 12/18/06

FCSA FL DEPT 10/07/2005

Exhibit B Page 24

Exhibit C p. 24

Dbt f !5;18.dw11141.SSC!!!!Epdvn f ou216.3!!!!Grne!1501011: !!!!!Qbhf !36!pg3:

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loreta Probert

Period Beginning:

12/31/06

☒ Exempt Employee

Hours

Employee #:

98-16

Period Ending:

1/13/07

(Last 4 digits of Social Security #)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	51	1	2	3	4	5	6	7	8	9	10	11	12	13		
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatriis																
1503 Liatriis																
1518 Liatriis	14	14	14	14	14										70	
SSD																
DELTA SVCS																
ADMIN																
LEAVE						4	4	4	4	4	4	4	4	4	36	
HOLIDAY																
Total															106	

Staff Signature:

Loreta Probert

Date

2-1-07

*Take 18 hrs leave example @ 36 hrs
didn't work all week*

Supervisor:

SO Ball

Date

1-16-07

*on leave on the 16th
unavailable for signature*

FCSA FIF DEPT. 10/07/2005

Exhibit B Page 26

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretha Robert

Period Beginning:

1-14-07

Employee #:

5876

Period Ending:

1-27-07

(Last 4 digits of Social Security #)

☒ Exempt EE

36 Hours

Print Name: Loretha Robert Employee #: 5876 Period Beginning: 1-14-07 Period Ending: 1-27-07 (Last 4 digits of Social Security #) 36 Hours

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	14	15	16	17	18	19	20	21	22	23	24	25	26	27		
YESS																
YESS ELEM																
8ADT																
5540 Chena Ridge																
9933 Parks Ridge																
513 Liatis																
1503 Liatis																
518 Liatis							4	14	14	14	14	14	14	14	102	
SSD																
DELTA SVCS																
ADMIN																
LEAVE	4	4	4	4	4	4									24	W-14
HOLIDAY															19-24	
Total	4	4	4	4	4	4	4	14	14	14	14	14	14	14	126	

Supervisor:

[Signature]

Date

1-29-07

PCSA FISCAL DEPT. 10/07/2005

Staff Signature:

Loretha E. Robert

Date

1-29-07

(2)

[Signature]

FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name:

Loretha PROBERT

Period Beginning:

1-28-07

☒ Exempt EE 40 Hours

Employee #:

5876

Period Ending:

2-10-07

(Last 4 digits of Social Security #)

Dbt f 15;18.dw11141.SSC!!!!!!Epdv n f ou216.3!!!!!!Gfne15010811:!!!!!!Obhf139pg3:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP	28	29	30	31	1	2	3	4	5	6	7	8	9	10		
YESS																
YESS ELEM																
RDT																
1540 Cheena Ridge																
3933 Parks Ridge																
1513 Liattis																
1503 Liattis																
1518 Liattis	7	14	14	14	14	14	14	14	14	14	14	14	14	10	171	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	7	14	14	14	14	14	14	14	14	14	14	14	14	10	171	

Staff Signature:

Loretha E. Probert

Date 2-12-07

Supervisor:

[Signature]

Date

2-12-07

PCSA F. AL DEPT. 10/07/2005

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Exhibit C 28

